

United States District Court  
For the District of Delaware

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 07-82 GMS

Attached below is a return receipt card reflecting proof of service  
upon the named party on the date show.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <u>ME</u> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER 1181 PADDOCK RD. SMYRNA, DE 19977</p> <p><u>07-820ms</u></p>		<p>B. Received by (Printed Name) <u>M. LAMON</u> C. Date of Delivery <u>5-5-07</u></p>	
<p>2. Article Number (Transfer from service label) <u>7005 1820 0004 3169 7074</u></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

